examination consists of tissue from animals killed before the disease has killed them. To find out in how far the histological method could be relied on with such tissues was the main object of the present study. His conclusions were: In rabid animals which died prematurely the ganglionic cell changes described by Van Gehuchten and Nélis were sometimes absent. In these animals it is the rule to find round extracapsular elements in greater or less numbers. The bulbar lesions appeared on the whole more intense than those of the ganglion cells. It is impossible to rely wholly on the microscopic findings in the nervous symptoms of prematurely-dead rabid animals in establishing the diagnosis of hydrophobia. JELLIFFE.

DIE SUBJECTIVEN BESCHWERDEN DER NEURASTHENIKER (Subjective Symptoms of Neurasthenia). L. Hoeflmayr (Münch. med. Woch. 47, 1900, Nov. 13, p. 1594).

The author says that the most disagreeable and alarming symptoms of neurasthenia, are those due to irritation of the vagus. The patient is usually taken at night and is seen struggling with extreme dyspnea and cardiac pain, and seems to be in the last stages of organic heart lesion. Cold perspiration usually covers the entire body; the lower extremities feel cold, and the pulse is increased in frequency and often arhythmic, though not weak. A history of constipation can usually be elicited and a large dose of castor oil generally brings relief, so that it is probable that the symptoms are due to irritation of the end-filaments of the vagus in the intestines through gases of putrefaction. Headache is another very common and disagreeable symptom of nervous exhaustion which may also find an explanation in auto-intoxication. JELLIFFE.

OPTISCHE NEURITE IM CHLOROSE (Optical Neuritis in Chlorosis). A. Englehardt (Münch. med. Woch., Sept. 4, 1900).

This condition is occasionally seen in chlorosis, but cases are rare in which it constitutes the whole clinical picture. The patient had a moderate diminution of the amount of hemoglobin and in the number of red cells. There was complete blindness, headache, anesthesia, paralysis and other nervous symptoms, and the diagnosis of brain tumor was very suggestive, especially when later in the disease localizing symptoms in the form of epileptic convulsions appeared. The autopsy revealed nothing but extreme dryness and anemia of the brain tissues, and left only anemia to explain the symptoms.

JELLIFFE.

UEBER DIE STÖRUNGEN DER GEBERDENSPRACHE (On Disturbances of Pantomime Speech [Amimia]). J. Mazurkiewicz (Jahrbücher für Psychiatrie und Neurologie, Vol. 19, 1900, p. 514).

This condition is comparatively rare. In 75 cases of aphasia collected by Naunyn there were four in which this speech disturbance was noticed. The author is able to add three cases of his own from Anton's clinic.

Case I.—Man 25 years old, with previous history of articular rheumatism. Apoplectic stroke which resulted in right-sided hemiplegia with aphasia. Stenosis and insufficiency of aortic valve with good compensation. Two other attacks similar in nature to the first further influenced the patient's condition. The diagnosis of embolus of the second branch of the arteria fossæ Sylviæ was made.

The aphasic state was as follows: The patient had formerly been master of two languages. The comprehension of these remained but the articulation, with the exception of a few syllabels, disappeared. The clinical picture was that of a typical motor aphasia, typus Broca or Lichtheim's cortical aphasia. In the further examination of the patient's intelligence, it was found that he could not express the results of the simplest mathematical calculation. When he was told to use his fingers in counting, he was unable to do so. The attempt to trace out geometrical figures by means of gestures was a failure. If an object was placed before him he succeeded after a fashion in tracing out its general form. When the object was removed, it was impossible for him to do this. In addition he was unable to pantomime any common action, such as praying, eating, etc. For example, when asked to show by gestures the use of a pen, it was impossible for him to go through the movements of writing with one. The understanding of pantomime speech remained perfectly normal. Imitation of pantomime movements was accomplished almost always with skill and confidence. It is interesting to note in this case that improvement in the mimic speech kept pace with the improvement in the aphasia.

Case II.—As a result of a blow on the head in the temporal region, temporary unconsciousness. A difficulty in understanding spoken words followed. No paresis. General arterio-sclerosis of a high grade. Voluntary speech retained but somewhat confused, and at times paraphasic in character. The clinical picture was that of Lichtheim's cortical sensory aphasia, with the difference that copying was impossible. He used spontaneously only the most primitive gestures, such signs as yes and no, and had inability to do things. Other pantomime gestures were not employed at all, although they could have aided him in expressing things, the proper words of which were not at his command. His understanding of pantomime movements was very slight. He did not recognize the simplest geometrical figures when traced out by gestures. The patient died with symptoms pointing to increased intracerebral pressure. Anatomical diagnosis, tumor of the occipital lobes of the left side growing towards the internal capsule.

Case III.—Patient sent to the hospital with the history of mental disturbance of a vague nature. Understands the nature of questions asked him. Speaks spontaneously freely enough, but uses incomplete sentences and at times paraphasic. The diagnosis of Lichtheim's cortical aphasia best describes his condition. He cannot comprehend pantomime speech and makes no use of gestures at all in attempting to express himself. Geometrical figures not recognized. The origin and significance of pantomime speech from a psychological point of view is analysed by the author as well as the consideration of the various theories advanced by Wundt, Anton, Meynert, and others. The position of this form of speech is thus stated: Mimic speech plays the rôle of a connecting link between sensory stimuli and an individual's reaction to the same (expression of feeling), on the one hand, and the spoken or written word on the other. For a clearer understanding of the nature of pantomime speech a more careful clinical study of aphasics is necessary in order to determine the failure or retention of a conception of gestures in these cases.

SCHWAB.

UEBER DIE HEREDITÄRE PROGRESSIVE SPINAL MUSKELATROPHIE IM KINDESALTER (Hereditary Muscular Atrophy in Children). J.